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Notice of Independent Review Decision

DATE OF REVIEW: 9/10/12

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MR Arthrogram Right Knee; EMG/NCV Bilateral lower extremities; CPT: 27370, 73580, 73721, 73722
Start date 7/24/12; End Date 10/31/12

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Physician Board Certified in **Orthopedic Surgery**

DESCRIPTION OF THE REVIEW OUTCOME THAT CLEARLY STATES WHETHER OR NOT MEDICAL NECESSITY EXISTS FOR EACH OF THE HEALTH CARE SERVICES IN DISPUTE.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld	(Agree)	X
Overtaken	(Disagree)	
Partially Overtaken	(Agree in part/Disagree in part)	

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Notice of Adverse Determination & Reconsideration, Healthcare, 7/24/12, 8/15/12
Reconsideration Request, M.D., 7/26/12
Clinical Notes/Office Visit, M.D. 7/10/12, M.D., 7/09/12
MRI/Rt Knee Final Rpt., Health, 7/23/12
XR Knee, Rt, Imaging Exam Report, 6/30/12; MRI Lwr Ext. Rt., 8/22/11
ODG

PATIENT CLINICAL HISTORY SUMMARY

The patient is a man who apparently sustained a slip and fall in xx/xx. He had knee pain in the period following that accident. An MRI was done which read out as showing a possible partial tear of his ACL. Patient underwent ACL reconstruction on 1/06/12. Patient subsequently complained of some numbness in the leg several days after surgery and went to the emergency room to make sure there was no blood clot. A Doppler ultrasound reportedly was negative. As time went on, as best I can tell from the notes provided, he had some numbness in the back of the calf, but it did not cause any neurological deficit or definite findings. Reviewing one of the physical exams, I do not see any specific neurological deficits, simply a complaint of some tingling in the back of the leg. The exam showed that the ligaments were intact and there were no major findings.

A plain film was done on 7/09/12 which was read as negative other than showing some tunnels from work previously done. An MRI was done on 7/23/12 showing the ACL intact with the tunnels in a reasonable position. There is a further request for CT arthrogram and EMG nerve conduction studies.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION

I agree with the benefit company's decision to deny the requested service. Patient has already had an MRI which has indicated that the ACL is intact and no major findings. As far as the EMG and nerve conduction studies go, the exam reported in the notes I've read show no major deficit and his motor function is intact. It is difficult to interpret the exact sensation involved, but as best as I can tell, there was simply some tingling in the back of the calf so I feel that EMG and nerve conduction studies would be unlikely to be of benefit.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE & EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE
PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE
DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE DESCRIPTION)